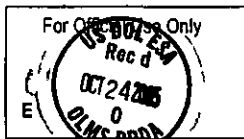


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13483</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>FRANK</u> <u>C</u> <u>WUNDERLICH</u> <u>65 SLEEPY LANE</u> <u>HICKSVILLE N.Y 11801</u> P O Box Bldg Room No if any _____ Street <u>65 SLEEPY LANE</u> City <u>HICKSVILLE</u> State <u>N.Y.</u> ZIP Code + 4 <u>11801</u>	4 Name file number and address of labor organization Name <u>584 I B of T</u> Labor Organization File Number <u>012-619</u> P O Box Building and Room Number If any _____ Street <u>73 HUDSON STREET</u> City <u>NEW YORK</u> State <u>NY.</u> ZIP Code + 4 <u>10013</u>
5 Position in labor organization <u>Recording Sec.</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____

### Signature

**16 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Frank Wunderlich

On

10-12-05

Date

516-579-9305

Telephone Number

Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b> Name: <b>Local 584 Health + Welfare Fund</b> Trade Name if any: _____ P O Box Bldg Room No if any: _____ Street: <b>13 HUDSON ST</b> City: <b>NY</b> State: _____ ZIP Code + 4: <b>10013</b>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name: _____ Trade Name if any: _____ P O Box Bldg Room No if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>11 a Nature of such dealing</b> <div style="text-align: center; font-size: 1.2em;"> <b>Related Health + WELFARE Fund</b> </div> <b>11 b Approximate dollar value of such dealing</b> <b>9,477-491</b> <b>12 a Nature of interest held or income received</b> <div style="text-align: center; font-size: 1.2em;"> <b>Attended International Health + WELFARE Fund. Trustee meeting lunch 10-29-04</b> </div> <b>12 b Amount</b> <b>\$4807</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name: _____ Trade Name if any: _____ P O Box Bldg Room No if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>14 a Nature of payment</b> <div style="height: 100px;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b>

Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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<b>8 Name and address of Business (including trade name if any)</b> Name <b>Local 584 Health + Welfare Fund.</b> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <b>73 Hudson St</b> City <b>N.Y.</b> State _____ ZIP Code + 4 <b>10013</b>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <b>Related Health + Welfare Fund</b> <hr/> <b>11 b Approximate dollar value of such dealing</b> <b>\$ 9,477.49</b> <hr/> <b>12 a Nature of interest held or income received</b> <b>Attended International Health + Welfare Fund Trustee meeting lunch</b> <b>11-04-04</b> <hr/> <b>12 b Amount</b> <b>\$ 36.00</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> _____ _____ _____
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> _____

Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>Related Health + Welfare Fund</b> </div> <b>11 b Approximate dollar value of such dealing</b> <b>\$9,477.49</b> <b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>Attended International Health + Welfare Fund. Trustee meeting Lunch 11-04-04</b> </div> <b>12 b Amount</b> <b>\$35.67</b>
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<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b>      
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment.</b>

Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>Related Health + Welfare Fund</b> </div> <b>11 b Approximate dollar value of such dealing</b> <b>9,477.491</b> <b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>Attended International Health + Welfare Fund Trustee meeting Lunch</b>  <b>9-08-04</b> </div> <b>12 b Amount</b> <b>\$34.61</b>
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**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b>      
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> _____

Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>Related Health + Welfare Fund</b> </div> <b>11 b Approximate dollar value of such dealing</b> <b>9,477.49</b> <b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>Attended International Health + Welfare Fund Trustee MEETING LUNCH</b>  <b>6-03-04</b> </div> <b>12 b Amount</b> <b>\$89.31</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> _____ _____ _____
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> _____

Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <b>Related Health + Welfare Fund</b>  <b>11 b Approximate dollar value of such dealing</b> <b>9,477.49</b>  <b>12 a Nature of interest held or income received</b> <b>Attended International Health + Welfare Fund Trustee meeting Lunch</b> <b>4-21-04</b>  <b>12 b Amount</b> <b>\$34.61</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
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Name of Person Filing <b>Frank Wunderlich</b>	File Number <b>U</b>
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<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
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Name of Person Filing <b>Frank Wunderlich</b>	File Number U
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